NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

QMS Asphalt Roadway Technician Experience Certification

ONLY TO BE COMPLETED BY A SUPERVISOR WHO HAS DIRECT KNOWLEDGE OF THE TECHNICIAN'S ASPHALT ROADWAY PAVING AND INSPECTION EXPERIENCE.

Technician's Name:				
	(Last)	(First)	(Middle initial)	
S.S. #:	(S	(SSN # Last Four Digits Only)		
NCDOT (Check if applied	cable)	Division No	NCDOT Only)	
Non - NCDOT (Check i	f applicable)			
Company/Agency:				
Company / Agency Mailing (Non-DOT Only)	Address:	(Street, Route, or Bo	x #)	
(City or 1	Town)	(State)	(ZIP Code)	
Contact Telephone #:()			
minimum of one y and is adequately related requireme	year's aspha knowledgea nts. By sign and certify th	ble of all roadway p ing this certification	torily performed a nd/or inspection work aving operations and n, I attest to the accurac srepresentation of the	
Printed Name of Certifying Person			Title	
Signatur	re		Date	

NOTE: This completed certification is to be attached to the OJT Checklist and mailed with the class application to the: Pavement Construction Engineer, NCDOT Construction Unit, 1545 Mail Service Center, Raleigh, N.C. 27699-1545